



State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243-1141
615-741-2550 or 888-453-6150
www.tn.gov/commerce/boards/tnsba

AFFIDAVIT FOR SURRENDER OF CPA/PA CERTIFICATE

Printed Name

Address

City, State, Zip

I, _____, Certificate Number _____, hereby advise the Tennessee State Board of Accountancy that I wish to voluntarily surrender my certificate as a Certified Public Accountant/Public Accountant. By doing so prior to the expiration of my permit, a status of **Closed** will be placed on my license. If received after the expiration of my permit a status of **Expired** will be placed on my license.

I understand that by doing so I give up the right to use the title of certified public accountant or public accountant in any way in the State of Tennessee and the use of those titles which includes the abbreviations CPA, PA and the word Accountant. Tennessee Code Annotated §62-1-117 is applicable to licensees who hold certification in another jurisdiction.

I further acknowledge surrender of and transmit herewith my wall certificate to the Tennessee State Board of Accountancy.

Additionally, I understand that violation of Tennessee Code Annotated, Title 62, Chapter 1 and/or the rules and policies of the Tennessee State Board of Accountancy relating thereto in the State of Tennessee is cause for disciplinary action by the Tennessee State Board of Accountancy.

Affiant Signature

Date of Signature

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public Signature

(SEAL)

My Commission Expires:
